



AMERICAN ORTHOPAEDIC
FOOT & ANKLE SOCIETY®



**Written Statement of
Colonel (ret) James Ficke, MD
American Orthopaedic Foot and Ankle Society
American Association of Orthopaedic Surgeons
Before the House Veterans Affairs Committee, Subcommittee on Health
May 2, 2017**

Chairman Wenstrup, Ranking Member Brownley, and members of the Subcommittee,

On behalf of the American Association of Orthopaedic Surgeons (AAOS), which represents over 18,000 board-certified orthopaedic surgeons, and the American Orthopaedic Foot and Ankle Society (AOFAS), which represents over 2,200 orthopaedic surgeons specializing in foot and ankle disorders, I thank you for the opportunity to speak to you today about lower extremity care for Veterans.

My name is Colonel (retired) James Ficke, and I'm an Orthopaedic Surgeon specializing in foot and ankle care. I'm currently the Chairman of Orthopaedic Surgery at Johns Hopkins School of Medicine. I served in the United States Army for 30 years, deploying to Iraq from 2004-2005 as the Deputy Commander and Chief Medical Officer for the 228th Combat Support Hospital in Mosul. I have led the Extremity War Injuries Project Team for 12 years, an effort laser-focused upon improving care from injury to final resolution of battlefield injuries. This effort has identified the gaps in knowledge, as well as research needs, that have shaped the generous Congressional funding of over \$330 Million dollars for Veterans with limb-injuries commonly sustained in combat.

There are many orthopaedic surgeons serving Veterans proudly at the VA, and many others caring for Veterans through the Choice program. Orthopaedic surgeons play a role in saving limbs, reconstructing function, and returning Veterans to a healthy, active lifestyle. AAOS was honored to receive a Joint Warfighter Program award in collaboration with the Major Extremity Trauma Research Consortium, the purpose of which was to determine the best evidence for treatment of injuries to our Warriors. We were honored to receive your support for this effort, Mr. Chairman, and we appreciate your many years of support for orthopaedics and our patients.

We acknowledge the significant access to care challenges at the VA in lower extremity conditions. Current statistics are staggering regarding the burden of injury and disability. My own teams have reported and published literature showing that up to 92% of Warriors with battlefield injuries will have permanent disability in the musculoskeletal system. As of 27 April 2017, 6,921 men and women have given their lives in defense of the Constitution, and 52,540 have sustained wounds in action, of which as many as 80% include a limb injury – the vast majority in the lower limb. We absolutely agree that musculoskeletal care for Veterans is imperative, and we will only meet their needs with a strong force of well-trained providers of all backgrounds.

Concerning H.R. 1058, the VA Provider Equity Act, AAOS strongly agrees that high quality podiatrists should be more equitably compensated to support their recruitment and retention. Podiatrists are an essential part of the care team at the VA and provide excellent service to Veterans. During my service in the Army, I practiced alongside podiatrists in many military bases and had a podiatrist on my staff in Mosul, who served in a non-clinical leadership role, LTC John Gouin DPM.

AAOS and AOFAS are concerned with two aspects of the legislation that are not essential to the goal of paying podiatrists what they're worth at the VA. Firstly, this legislation would label podiatrists within the VA as "physicians," elevating them to the category currently reserved for doctors of medicine and doctors of osteopathy. Secondly, the bill would allow podiatrists to attain clinical leadership positions over MDs and DOs.

Podiatrists and orthopaedic surgeons are trained differently. The lower extremity is one of the more complex areas of the human musculoskeletal system, and an orthopaedic surgeon will attend four years of medical school, serve a five year orthopaedic surgery residency, and typically take an additional year of subspecialty fellowship training. MDs or DOs participate in active clinical care in multi system trauma and disease management, which is not the case for all podiatrists, and is a prerequisite for peer-review oversight.

While recent changes have improved podiatric education, it is not the same as the multi-system medical education required to become a MD or DO, nor is it the same accreditation process. They do not participate in the United States Medical Licensing Examination, which is the standard for all advanced medical care and essential to the degree of MD and DO. We believe that the title of physician should be attained through the accreditation process, and not the legislative process.

AAOS and AOFAS stand ready to work with the subcommittee in good faith to improve this legislation and increase Veteran access to the care provided by both orthopaedic surgeons and podiatrists.

Thank you for the opportunity to appear before the subcommittee and for your work on behalf of our nation's Veterans. I look forward to answering any questions you may have.